Brigstock Family Practice

14. Health and Safety

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Date:	Reviewed by:	**Reason for Changes:-**
09.11.09	MS	Add C.O.S.H.H Policy 14.15.13-: added that there is no need for first aid training to be approved by health and safety executive.(from Oct 2013)
07.03.12	MS	Changes to RIDDOR 1995(SI 1995/3163 – requirement to report the accident increases from more than three days to seven days – deadline for employer to report increases from 10 to 15 days.
09.08.2013	RS- work experience/MS	Reviewed
08.10.2014	MS	Reviewed

07/11/2016	CL	Reviewed
25/1/2018	CL	Amendment to evacuation procedure to incorporate use of In/out board
30/8/2018	RHK	Reviewed

Table of Contents

14. HEALTH AND SAFETY

14.1 General policy

Brigstock Family Practice promotes great importance to the health and safety of its employees, patients and visitors. It is company policy to promote health and safety at work and to seek the co-operation of all employees for that purpose.

Brigstock Family Practice will use every endeavour to provide conditions which comply with or exceed relevant statutory requirements and officially approved codes of practice on health and safety at work.
All employees are expected to regard health and safety at work as an important part of their normal duties.

1. **All employees are required to have read and have knowledge of the company's**
   - **a: Rules and regulations**
   - **b: Procedure files**
   - **c: Health and Safety policy**
   - **d: Confidentiality policy**

The induction process for new members of staff shall include familiarization with all the above. Updates to this health and safety policy will be included in these files so they should be checked on a regular basis.
Joint consultation on all aspects of health and safety at work will be encouraged as will the development of individual awareness and responsibility.
An abbreviated induction process covering fire safety, confidentiality and sharps injuries as a minimum will be introduced for locums, window cleaners etc..

2. **Employees must have comprehensive knowledge of the local Health and Safety of their own area of work.**

All employees are expected to fulfil their statutory obligations for health and safety at work. In particular, they will be expected to take reasonable care of their own health and safety and those of others who may be affected by their actions or omissions whilst at work. Also they will be expected to co-operate with the employer and others who have duties to fulfil under health and safety legislation.
All occupation Health Services are to be provided by the Registered Manager.

FORWARD

The Importance of a Health & Safety Policy

GP Partners are employers. Under current legislation any employer who employs five or more employees, full or part-time, is required to comply with Health and Safety legislation. Failure to do so can result in:

- ♦ an improvement notice, giving the employer a specified period of time to take corrective action;
- ♦ a prohibition order barring the employer from carrying on some or all of his activities until corrective action is taken; and
- ♦ prosecution through the courts which can result in unlimited fines and/or imprisonment for up to 2 years.

This document highlights the action necessary for a GP Practice to comply with the relevant legislation which includes:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health and Safety and Welfare) Regulations 1992
- Provision and use or Work Equipment Regulations1981
- Electricity at Work Regulations 1989
- Health and Safety (First Aid) Regulations (COSHH) 1999
- Manual Handling Operation Regulations 1992
- Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985

14.2 Safety Action Plan

Within one week of the start of the contract, the Health and Safety Administrator (normally the Practice Manager) shall:-

1 Carry out a review of Fire Safety, checking the functioning of smoke detectors, fire alarms and escape routes and the presence of fire extinguishers and current fire certification as a minimum.

2 Obtain a current certificate of employer's liability insurance in the name of Brigstock Family Practice. It should be displayed in the foyer along with a copy of the Health & Safety at Work Act 1974 and the statement "All persons entering these premises must take all reasonable practical care."

3 Ensure that public liability insurance and buildings and contents insurance policies are in force and cover the entire premises.

4 Liaise with the Senior Practice Nurse to check that sharps and sharps injuries policies are in force and that PPE (Personal Protective Equipment) is available.

5 Liaise with the Senior Practice Nurse to ensure that oxygen, resuscitation masks, nebulisers, drugs for treating anaphylactic shock and other emergencies, and a defibrillator are all available, in date and serviceable.

6 Liaise with cleaners (and any laundry staff) on health & safety matters including fire safety, spillage and sharps injury policies. Confidentiality and security should also be discussed.

7 Liaise with the Medical Director to confidentially ensure that measures such as testing for and vaccination against Hepatitis 'B' have been appropriately carried out.

8 Log on to the Health & Safety Executive's website to ascertain recent developments.

The first fire drill shall be held within one month.

The report of the first formal Safety Inspection shall be submitted to Dr N Vajpeyi within one month.

14.3 Synopsis of the Practice's Health & Safety Policies

Sharps Policy	Bring the sharps box to the patient Needles go straight in, not re-sheathed Clear your own sharps immediately Don't cover sharps Glass vials should be wrapped in a dressing to be snapped open
Sharps Injuries Policy	Wash the wound Encourage it to bleed Follow the procedure advised by Mayday Hospital Occupational Health Department in Appendix 36 (telephone immediately 020 8401 3000or Accident & Emergency for advice)
Spillage Policy	A spillage kit is to be kept at reception Put on gloves Mark the area, e.g. with a "cleaning in progress" sign Mop up the worst with paper towels Keep the area moistened with water based disinfectant for 10 minutes, e.g. by wetted paper towels All debris into a Practice waste bag and sealed Wash hands
CD Policy	If controlled drugs are kept on the premises:- Locked CD cabinet is essential Controlled Drug Register to be immaculately kept Inform PCT Pharmacist
Laundry Policy	The safety of laundry staff is easily forgotten. Ideally no laundry; disposable towels are better. Contaminated laundry to be: 1) soaked in bleach or a water based disinfectant 2) sent in a sealed and labelled yellow bag
Instrument Policy	Only disposable instruments, vaginal specula, proctoscopes, dressing forceps and auroscope specula are to be used. If non-disposable instruments are used a log of each sterilisation and each patient must be kept indefinitely for each instrument.
Hand Decontamination	Alcohol-based hand disinfection will be available at all entrances to the building and in each corridor.

Fire & Fire Safety Policy

The Practice Manager's responsibilities include:-
Periodically checking that the fire alarms, smoke alarms, fire notices, escape route signs and fire extinguishers are in order, and arranging and recording appropriate servicing or replacement.

Holding a fire practice at least twice a year to familiarise old and new staff with the procedures, which should include:-

- Locating the key to turn off the main gas
- Evacuating all patients and staff within 1 minute and 54 seconds
- Banging on WC doors to alert occupants
- Mustering all patients and staff outside the Library across the road at the fire assembly point to account for everyone by a roll call
- If time, printing off the session's appointment sheets to use for the roll call and to show which rooms are in use
- On evacuation remove the visitors book and the in/out boards to provide a record of the occupants in the building
- Copies of a plan of the building held in the visitors book ready to give to the fire brigade
- The plans show escape routes, oxygen cylinders, flammable liquid stores and other hazards

Major Incident Plan

1) Call the emergency services
2) Cautious reconnoitre, then further phone call to the emergency services to give them more details as conditions allow, e.g. approximate number of causalities
3) Doctors and nurses to treat the injured
4) Other staff to ferry equipment to their colleagues
5) Change gloves between casualties
6) Senior Practiceian to triage casualties for evacuation
7) Debriefing meeting to be held as soon as possible after the incident, chaired by the senior person present; the meeting will avoid criticism and blame
8) Refer all press enquiries to the police

Equipment

Senior Practice Nurse to be responsible for:-

- Defibrillator, charged and with pads in date
- Oxygen cylinder charged and with a selection of masks
- Emergency tray of drugs in date with data sheets

- Nebulisers and nebuliser solutions
- Controlled drug cupboard and register if applicable
- Spillage kits and training of staff in their use
- Weekly recording of maximum & minimum temperatures observed in the vaccine fridge
- Keeping daily records of any sterilisation of instruments

Hepatitis

The medical director shall confidentially ascertain the Hepatitis B immunity or otherwise of all Practice staff and will ensure that all necessary precautions are taken to avoid transmission of hepatitis and other viruses.

Insurance

To be checked and renewed by Practice Manager at least annually:-

- Premises
- Contents
- Equipment; some items e.g. ECG may need separate cover
- Employers liability
- Public liability

Security

Practice Manger to review at least annually:-

- Burglar alarm and its maintenance
- Emergency buzzers / alarms at reception and consulting rooms for staff to summon help
- Policies and training for all staff to cope with aggressive, distressed and infectious patients
- Security Cameras
- Policies for working alone

Building Maintenance

Practice Manager to be responsible for periodically checking:

- Roof
- Gutters, down pipes, shores, drains
- Window frames and exterior paintwork
- Interior décor
- Cleanliness of floors, worktops, walls etc
- Freedom from debris and clutter inside and out
- Safety and servicing of gas and electrical equipment

Cleaners

Practice Manager to liaise frequently with cleaners and at least annually to discuss with them, involving the senior practice nurse:-

- Sharps policy and reasons for it
- Procedures for dealing with blood, spillages, vomit, urine
- Use of tongs for transferring sharps, or marking the site and leaving them for Practice staff to deal with
- Action to be taken for sharps and other injuries

- Confidentiality issues
- Practice waste
- Security when working alone
- Use of antiseptics/disinfectants on door handles etc.
- Vaccination/immunisation policy
- COSHH

COSHH

Under COSHH (Control of Substances Hazardous to Health) regulations:-

- Pharmaceuticals must be stored and transported according to C.H.I.P. 2004 Regulations
- Cleaning fluids must never be mixed
- Toxic substances should not be stored in large amounts, but should be ordered as required
- All potentially toxic substances should be:-
  - Labelled as such (e.g. )
  - Out of children's reach
  - Accompanied by a data sheet
  - Disposal of according to ISO 14001 as soon as they are out of date
- Medical gases not deployed for use should be stored in a clearly signed well-ventilated place away from boundaries and approved by the fire prevention officer
- Oil and grease must not be used on or near oxygen apparatus

CMD

Under Construction, Design and Management regulations, details of the plans & materials used in any alterations or extensions to the building must be kept indefinitely

14.4 Health and Safety Policy and Responsibilities

The law lays important obligations on employers that are compulsory and cannot be delegated. The employer ***must*** ensure that a written Health and Safety Policy is formulated, that it is made clear to staff and that it is in operation.

The following three documents are to be displayed in the foyer:-

1) Health and Safety at Work Act 1974
2) Current certificate of Employers' Liability insurance
3) Policy Statement for **Brigstock Family Practice** "All persons entering these premises must take all reasonable practical care."

The partners of **Brigstock Family Practice** are responsible for the conduct of the business of the Practice.

The Health and Safety at Work Act imposes statutory duties on employers and employees. To enable these statutory duties to be carried out it is the policy of Brigstock Family Practice, so far as is reasonably practicable, to ensure that responsibilities for safety and health are assigned, accepted and fulfilled at all levels of the Practice; that all practicable steps are taken to manage the health, safety and welfare of all employees; to conduct the business in such a way that the health and safety of patients and other visitors to any premises under our control is not put at risk.

1 It is the intention of the Practice, so far as reasonably practicable, to ensure that:

a) the working environment of all employees is safe and without risks to health and that adequate provisions are made with regard to the facilities and arrangements for their welfare at work;

b) the provision and maintenance of machines, equipment and systems of work are safe and without risks to the health of employees, patients and other visitors, contractors and any other person who may be affected with regard to any premises or operations under our control;

c) arrangement for use, handling, storage and transport of articles and substances for use at work are safe and without risk to health;

d) adequate information is available with respect to machines and substances used at work detailing the conditions and precautions

necessary to ensure that when properly used they will be safe and without risk to health;

e) employees are provided with such instruction, training and supervision as is necessary to secure their health and safety;

f) the Health and Safety Policy will be reviewed and updated as and when it is necessary. Communication of any such changes will be made to all employees.

2 It shall be the duty of all **employees** at work to ensure:

i) that reasonable steps are taken to safeguard the health and safety of themselves and of other persons who may be affected by their acts or omissions at work;

ii) co-operation with Dr N Vajpeyi, as far as is necessary, to ensure compliance with any duty or requirement imposed on the employer, or any other person, under any relevant statutory duties.

Adopted by:

Dr N Vajpeyi date 2/12/08

14.5 Organisation structure

See appendix 3 for details of the partnership's structure.

14.6 Responsibilities of the responsible individual

As the Responsible individual within the Practice Dr N Vajpeyi is responsible for approving the Health and Safety Policy and ensuring the policy is regularly reviewed with updating as necessary.

The Responsible Individual and the Registered Manager will make appropriate arrangements to ensure that the Health and Safety Policy and allied procedures are complied with throughout the Practice.

The Responsible Individual will ensure that any serious breach of the Health and Safety Policy is investigated. The breach, together with details of its investigation and any subsequent actions, will be reported to the responsible individual.

It will be the responsibility of the Dr N Vajpeyi to ensure training and information are given to those delegated with responsibility for Health and Safety matters.

The Responsible Individual will ensure that Health and Safety matters are considered for the agenda of every non-practice meeting.

14.7 Responsibilities of Designated Safety Manager

The Designated Safety Manager is the Responsible Manager. They are responsible for:

General

The objectives of the Health and Safety Policy are fully understood and observed by all levels of management and employees and that the agreed Health and Safety Policy is correctly implemented.

Communication

Ensure that adequate communication channels are maintained so that information concerning health and safety matters is communicated.

Also, that any health and safety matter of concern to any employee is directed to the responsible manager or to Dr N Vajpeyi so that any necessary action can be taken.

Responsibilities and Training

Delegating responsibilities for health and safety activities to the appropriate staff as identified in the Health and Safety Policies and Procedures.

Ensure that adequate training and instruction is given to enable responsibilities to be met.

14.8 Responsibilities of the Health and Safety Administrator

The Health and Safety Administrator is the focal point of the implementation of the Policy and the Procedures. These responsibilities will normally fall to the Registered Manager.

The Health and Safety Administrator is responsible for:

14.8.1 General

Carrying out those tasks allocated by Responsible individual or through the Designated Safety Manager which ensure the proper application of the Health and Safety Policy.

Implement the Health and Safety Policies and Procedures within and throughout the Practice.

Regular monitoring to ensure the Practice's operations and procedures outlined in this document are implemented.

Ensure that support is given to the responsible individual and employees so that the objectives of the Health and Safety Policies and Procedures are adhered to. Liaise with the Enforcing Authorities as and when necessary.

14.8.2 Safety Equipment

Ensure that all safety equipment, personal protective equipment (PPE), fire fighting equipment and first aid facilities are used and inspected as directed by the policies and procedures.

14.8.3 Systems of Work

Ensuring safe systems of work only are employed in achieving the objectives set for the personnel within the Practice. Correct tools, equipment, means of access and wearing of PPE all contribute to safe systems of work, as does using the correct procedures to carry out the work.

14.8.4 Communication

Ensuring all employees in the Practice receive up-to-date information concerning health and safety matters and any concerns they may raise are addressed, investigated and corrected if possible.

14.8.5 Accidents

Detailed records of all accidents are kept in the practice Accident book Appendix 62 - Accident & Incident Log Book, thus enabling the identification of any problem areas.

14.8.6 Monitoring Procedures

Ensuring regular statutory inspections of equipment within the Practice are carried out as required.

14.8.7 Training

Ensure that all members of the Practice have had sufficient instruction and training to allow them to work in a safe manner irrespective of the task which has to be carried out.

The Health & Safety Administrator should attend meetings to keep abreast of developments in this field.

14.8.8 Safety Meetings and Inspections

Assisting in the organisation of and attending safety meetings and inspections.

Writing and distributing the minutes of the previous meeting or inspections.

Recording and reporting on accident statistics covering the interval between safety meetings.

14.9 Induction into Health and Safety

14.9.1 Procedures

a) All new staff, students and locums will be given an induction course including elements of safety. Visiting tradesmen, window cleaners and short-term staff, students and locums will be given a brief induction.

b) Should any member of staff be moved to a new position which involves new equipment not previously used or requires new skills, sufficient induction training will be given to ensure the health and safety of themselves and fellow employees and members of the public.

c) As a minimum induction shall include fire alarms and fire exits, sharps injuries and confidentiality.

d) Relevant health and safety information shall be provided to all staff by means of the Health & Safety file, by staff meetings and by training.

e) Training/induction will be recorded with the initials or signature of each person inducted, together with the date. This may be combined with signing of the visitor's book kept at reception for short-term visitors.

f) Employers carry full responsibility for the health and safety of staff and others on the premises but the Practice Manager will have a delegated responsibility to administer the system and oversee the various procedures.

14.10 Fire Safety Policy

14.10.1 Purpose

(i) To ensure that all persons are protected from harm by fire on Brigstock Family Practice's premises or on adjoining premises.

(ii) To ensure that Dr N Vajpeyi and employees comply with the procedures within the adopted Fire Safety Policy.

(iii) To ensure that a valid Fire Certificate is on file.

14.10.2 Procedures

(i) On Discovering a Fire

- Raise the alarm by operating the nearest Fire Alarm point and shouting "Fire!"
- If a phone is close at hand, **DIAL 999**.
- If safe to do so (a personal judgment), tackle the outbreak with a fire extinguisher. Otherwise leave the building and proceed to the allocated assembly point. Be aware of your duties under Item 7 (Disabled Persons) and Item 8 (Visitors to the Practice).

(ii) On Hearing Fire Alarm

- Ensure all persons are alerted; if a phone is close at hand, **DIAL 999**.
- The appointed fire marshall is to collect all records of people within the building so that an accurate roll call at the assembly point outside the library can be undertaken. This will include:
    1. Taking a photograph or remove both in/out boards from the wall behind the back office door
    2. Collecting the visitors book.
    3. Printing out or photograph of the session's appointments on
- A plan of the building is kept in the visitors book .
- If the roll call suggests there are still people in the building this information should be reported to the fire brigade on arrival.
- Evacuate the building quickly, but safely, by the nearest **EXIT** point. Do not use the lift. Go to your assembly point which is across the road outside of the library.
- Do not delay by taking coats or personal belongings.
- Ensure that all toilets are empty.

- Close all windows and doors if this does not significantly delay departure.

  NB: Fire doors should always be kept closed.

- Check to ensure that someone has called the Fire Brigade: **DIAL 999**.
- Do not re-enter the building under any circumstances until told to do so by a Fire Officer or the most senior member of staff present.

14.10.3 Evacuation Personnel

For fire evacuation procedures Brigstock Family Practice has appointed a designated member of staff as Fire Marshal.

On hearing the Fire Alarm the emergency plan (detailed in **Appendix 56 – Fire Risk Assessment**) will be initiated. This plan aims to:-

- Shepherd all patients and visitors out of the fire exists to the Assembly Point and keep them there until the arrival of the Emergency Services. The roll call will be started immediately.

- Take the in/out board and daily sign in book to the Assembly Point - this will show if a full roll call was achieved.

- Direct and inform the Fire Brigade whether any people are in the building and the exact location of the fire, if this has been determined, and any particular hazards which may exist. Give the Fire Brigade a plan of the building with inflammable liquids and oxygen cylinders marked on it.

- End the state of emergency on the advice of the Fire Officer and give permission to return to the work areas.

14.10.4 Registers and Checklists

- A In/out board to the rear of the reception door and the daily visitor book with a current list of all Brigstock Family Practice personnel, locums and contractors as well as plans of the building will be kept in reception with the Evacuation Marshals Vest.

- The attendance registers for staff, patients and visitors, taken from reception, will be used to assist in the roll call at the Assembly Point.

- The Reception Manager or reception supervisor will be responsible for updating the list of staff and the plan of the building.

- Staff, who for any reason must leave the assembly area, will ensure the roll call has been updated so that unnecessary and dangerous search operations are not undertaken.

- After normal hours – The cleaners and staff are expected to liaise so that each person knows how many people are in the building.

- Should only one person be working late it must be ensured that they are familiar with what steps they must take in an emergency situation. It is also considered good practice for this person to phone a contact number on a regular schedule, e.g. reporting on the hour.

14.10.5 Fire Training/Drills

- A clear notice will be exhibited in a prominent position to tell all staff and the public, including disabled persons, what to do in the event of an emergency.

- Sufficient and appropriately situated approved signs will direct staff and public safely to the fire exits.

- A complete evacuation and roll call of all employees, visitors and patients will take place at three monthly intervals until the Health and Safety Administrator is satisfied with the response obtained. Thereafter a fire drill will be carried out twice a year. Staff will initially be told the day set aside for this drill but not the time. The date and time will both be unannounced when on the twice-a-year regime.

- Members of staff will be given basic instructions on how to use the extinguishers and the new colour coding of extinguishers.

- All staff will be advised of the location of fire alarms, fire extinguishers, etc. All new staff will be given this information as part of their induction training.

- A fire systems log book will be kept by the Health and Safety Administrator of the fire drills carried out, alarms testing and servicing and fire extinguisher inspection and servicing.

Note

Regardless of whether visiting staff are employed by Brigstock Family Practice or not, all who visit the premises must be briefed in fire & safety and must take part in fire drills.

14.10.6 Equipment Testing

- The fire alarm system will be tested once each week by the Health and Safety Administrator using a different test point each time.

- If emergency lights have been installed these will be checked at least every year by a contract electrician.

  This test will be recorded in the Fire System logbook.

- All fire extinguishers will be examined and certified by a competent person once per year. This will be recorded in the Fire System logbook.

- During safety/housekeeping inspections all fire equipment and notices will be checked against the office site plan. Any deficiencies will be noted and corrected immediately.

14.10.07 Disabled Persons

- Brigstock Family Practice recognises the need to plan to assist disabled persons and those with mobility problems to leave the building in the event of an emergency situation developing. This will include both members of staff and the general public.

- Two members of staff will be needed per disabled person to ensure the evacuation is carried out quickly and smoothly.

14.10.8 Visitors to the Practice

Patients/the Public

- It is part of the safety policy that visitors to the building will report immediately on arrival to reception.

- It is not anticipated that members of the public will proceed beyond the reception, waiting areas or public toilets when directed by a member of staff.

- In the event that the fire alarm is sounded, it is the responsibility of all staff to direct waiting patients and visitors safely from the building to the Assembly Point.

- It is the responsibility of the employee who is with a visitor or patient in a consulting or treatment room or elsewhere in the building to ensure that their visitor is directed safely from the building to the Assembly Point.

14.10.9 External Contractors

1 The Health and Safety Administrator will give a short safety induction to all locums, attached staff and external contractors when they first visit the premises. The induction will at least cover:

i) the type of fire alarm (bell, siren klaxon).

ii) the route to be followed to the nearest fire exit

iii) the location of the nearest Fire Point

iv) the location of any flammable materials and any other hazards in close proximity to the contractor's place of work.

v) This induction will also cover sharps injuries and confidentiality.

2 At the time of letting a contract the contractors will be informed that they should co-operate in all Health & Safety matters.

3 Information must be given by the contractor to the Health and Safety Administrator of any anticipated risks which could occur during work performed on the premises, and of any accidents or near misses.

14.11 Electrical Safety Policy

14.11.1 Mains Supply

- The Health & Safety Administrator should check that RCD (Residual Circuit Device, high speed circuit breaker) protection is in place in appropriate circuits, usually the ring mains, and that EIC (Earth Impedance Circuitry) has been tested at the consumer unit. However, arrangements should be made to provide uninterrupted power to the main computer and servers, consistent with safety.

14.11.2 General

- To comply with the P.A.T. (Portable Appliance Testing) Regulations, all electrical equipment used on the premises will be given a unique identification number.

- A record will be kept of all the equipment by the Health and Safety Administrator (see Appendix V). In addition every item will be labeled with the date of the latest inspection.

- The record and the label will be updated regularly in line with the annual inspections and maintenance carried out by a reputable contractor under a service contract.

14.11.3 Monitoring

- All employees should observe electrical equipment in use for signs of cable damage, loose plugs, sparks from light switches, cracked casings and overlong training cables.

- Should any faulty equipment be observed it should be immediately reported to the Health and Safety Administrator who will take the item out of service until it is repaired by a competent person or replaced. Items which cannot be moved will be isolated and labelled e.g. **DANGER: DO NOT USE**.

14.11.4 Staff Procedures

Staff can assist in ensuring electrical safety within the organisation by:

i) not overloading any power point by use of multi-point adaptors;

ii) not blocking air circulation through air vents or around any electrical items such as wall heaters, photocopiers, VDU equipment etc;

iii) not tampering with, removing or transferring marking labels on electrical items;

14.11.5 New Equipment

i. New electrical equipment must conform to ISO 9000 or ISO 9003. This may be presumed if it bears the CE mark or the kite mark.

ii. Heavier equipment such as hoists or hydraulically raised examination couches must also conform to the P.U.W.E.R. (Provision & Use of Work Equipment Regulations)

14.12 Gas Safety Policy

14.12.1 General

i) The key to open the cupboard containing the main stopcock shall be tied by string to the clipboard used for fire roll-calls, to ensure that the mains gas supply is turned off in case of fire.

ii) The record will be updated regularly in line with the inspections and maintenance carried out by a reputable contractor under a service contract with a CORGI qualified heating engineer.

iii) Any gas appliances or equipment brought on to the premises will be tagged, logged and checked prior to being used (including private items brought in by the staff).

iv) Should any item be deemed unfit to repair by the contractor, the Health and Safety Administrator must be informed so that it can be removed from the register before disposal.

14.12.2 Monitoring

i) All employees should observe gas equipment in use for signs of damage.

ii) Should any faulty equipment be observed it will be immediately reported to the Health and Safety Administrator who will isolate and label it e.g. **DANGER – DO NOT USE.**

iii) Staff must not attempt repairs of any nature to gas appliances, irrespective of how trivial the repair may seem.

14.12.3 Staff Procedures

Staff can assist in ensuring gas safety within the organisation by:

- ensuring gas taps are turned fully off when not in use;
- keeping high housekeeping standards around all gas appliances;
- not tampering with, removing or transferring marking labels on gas appliances;
- following all the guidelines outlined above and complying with the Practice's gas policy.

14.12.4 Gas Leaks

- Anyone smelling gas should turn off nearby gas appliances, open the windows, alert colleagues and seek advice. Matches, mobile phones and rocker switches (ordinary light switches) should not be used. No smoking. A definite gas leak should be managed by turning off the gas supply at the main, telephoning British Gas (0845 600 0560) and evacuating the building

14.13 Practice Welfare Policy

14.13.1 Purpose

- To ensure that various sundry obligations placed on the Practice by legislation are complied with.
- To provide guidelines within which Practice employees will endeavour to operate to comply with these obligations.

14.13.2 Cleanliness

- Current legislation requires that furnishings, furniture and fittings should be kept in a clean state. To comply, dirt and refuse will not be allowed to accumulate.
- The floors will be washed or swept as regularly as necessary to maintain cleanliness.
- Sufficient toilets and sinks will be supplied, determined by the numbers of employees and visitors to the building.
- A supply of towels, soap and waste bins will be provided to the washrooms.
- Where incinerators are not provided for sanitary napkins alternative bins will be provided and emptied regularly.

14.13.3 Lighting

- As far as is reasonably practicable, the Partners will ensure that all work stations will have sufficient lighting.
- Any areas which may expose the employees to danger, should lighting fail, will be provided with emergency lighting as far as is reasonably practicable.

14.13.4 Work Stations

- All work stations will have sufficient area to comply with the Regulations. The ‘air space’ area provided will not be less than the 11 cubic metres figure recommended in the Regulations.
- Ventilation of these work stations will be adequate.

- Temperatures will be maintained at reasonable levels ie not less than 16ºC after the first hour of working. The upper temperature level is not determined by legislation but should be maintained at a reasonable level.

- It is recommended that a thermometer should be prominently displayed indicating temperature levels to employees.

14.14. Safety Inspections

Brigstock Family Practice, recognising that accidents maybe caused by the absence of adequate management controls and that most accidents can be prevented, has introduced housekeeping and safety inspections as part of a risk control programme.

By scrutinizing areas of the workplace, hazards will be identified and by doing so it will be possible to reduce the risk of accidents within the Practice.

The workplace will be inspected on a routine basis to check the equipment and procedures are as they should be and that there are no exposed hazards. It is suggested that the inspection be carried out on a six monthly basis.

Any non-conformance will be reported directly to the person who can respond and influence the required action or, failing that, to the responsible individual.

This is a formal inspection, planned in advance and undertaken by a team consisting of the designated member of staff, the Health and Safety Administrator and another director.

A schedule will be produced showing time, date and complement of each team and each team member will have a copy. The ideal complement is considered to be three persons.

Should a team member be unable to attend any inspection then a deputy must be nominated to make up the numbers.

This frequency maybe changed depending on the accident record.

Should the team think that an inspection warrants remedial action and a repeat inspection is necessary, then this will be initiated by the team leader.

A Safety Inspection report and notes of the actions taken should be submitted to Dr N Vajpeyi at the next board meeting.

14.14.1 Safety Records

Introduction

The Health & Safety Administrator should produce an Annual H&S Report for Dr N Vajpeyi. It should consist of a template listing the items under "Records" below so that dates and brief details may be added as they happen, so the report is always up to date.

Purpose

To ensure that all records produced in conjunction with and concerning safety matters will be collated in a central filing system held by the Health and Safety Administrator, and will be kept indefinitely.

To ensure that when records are requested by the authorities eg the Fire Brigade, the records can be easily found and presented.

Records

- Staff meeting book (minutes of Health & Safety agenda items)
- Accident Book & First Aid Book (combined)
- Dates & results of 6 monthly safety inspections.
- Fire Certificate or Exemption
- Evacuation Procedures (fire drills) and times for complete evacuation to the assembly point.
- Fire Alarm Tests
- Fire Extinguisher Tests
- Risk Assessments reviewed at least annually before the submission of the Annual Health & Safety Report to Dr N Vajpeyi)
- Electrical Appliances (PAT)
- Gas Appliances servicing and inspection
- Summary of staff training on Health & Safety and related topics.
- Accident Reports. RIDDOR notifications and consent forms
- Significant Event forms and minutes of discussions
- Personal Protective Equipment - Summary
- COSHH summary. Data sheets are normally kept with the substance in question.
- Employment of Persons Under 18
- Cross infection committee advice

14.14.2 Safety Audits

The Annual health & Safety Report and in particular the Accident & First Aid Book, the Safety Inspection Reports, the Risk Assessments and the Significant Event documentation, will form the basis of the annual Safety Audit by the director and staff.

The purpose of the Audit Cycle, like the quality cycle, is to identify deficiencies, to take action and to check that the action has been taken successfully.

14.15 Accident Reporting

14.15.1 Purpose

An accurate record of all accidents is to be made and kept at Reception by the First Aider or any person in the Accident and First Aid Book. This is a combined account of all accidents which occur on the premises and of the first aid given. Each entry should include names, how the accident happened, who gave first aid, the date and a signature.

14.15.2 RIDDOR 95

Under RIDDOR immediate notification must be given to the Health and Safety Executive if any of the following occurs:

i) any fatal injuries to employees or other people in an accident connected with normal employment, including physical assault; death must be reported by telephone to the HSE at Bedfordshire PCT and to the Coroner's Officer within one hour.

ii) any major injuries, as indicated above, to employees or other people in an accident connected with the business

iii) when an employee is admitted to hospital for more than 24 hours as a result of an accident

iv) when an employee cannot work for more than seven days following an accident. The deadline by which the employer must report the accident is 15 days.

v) If something happens which does not result in a reportable injury but clearly could have done, this maybe a dangerous occurrence;

there is a need to check against the full list of dangerous occurrences included with the pad of report forms F2508, available from the Health and Safety Executive

NB The initial report of any of the above to the HSE will be done by telephone to
020 77176000 followed within seven days by a report on form F2508

14.15.3 Procedure

- All in-house accidents must be recorded by the First Aider in the Accident and First Aid
- Book whether major or minor in character.

- All major injuries are reported immediately to the Health and Safety Administrator.

- Although the regulations do not cover consent, to report an occurrence to the HSE under RIDDOR the patient's consent should be sought explaining that the purpose of reporting is to prevent recurrences of the same accident. If the patient does not give consent, the circumstances of the accident should be reported anonymously.

- The treatment of minor illnesses, i.e. the administration of medicine or tablets, must not be carried out by the First Aider unless specifically trained to do so.

- The First Aider can advise a transfer to hospital if necessary. The transfer may be carried out by private car, taxi or ambulance, whichever is thought more expedient at the time.
- From October 2013, there will no longer be a legal requirement for first aid training to be approved by the health and safety executive.

- After any serious accident the accident report will be completed and presented by the Health and Safety Administrator to the Dr N Vajpeyi as well as the HSS.

14.16 Autoclaves

Autoclaves must not be used even briefly by anyone not comprehensively trained in the use and safety procedures of that particular model.

14.16.1 Procedures

- The Senior Practice Nurse shall ensure that daily tests are carried out using either an Autoclave Test Strip or similar test material to ensure the working efficiency of the equipment and shall ensure that the results are recorded.

- The Health and Safety Administrator shall ensure that the equipment conforms to BS 3970 Part 4 which requires features such as a double interlock mechanism to prevent the autoclave door from suddenly opening or the lid coming off.

- The Health and Safety Administrator shall ensure that the equipment is covered by a regular written scheme of examination prepared by a competent person (engineer) for each autoclave. This scheme should also include details of the nature and frequency of the examination required.

- The competent person shall provide the Health and Safety Administrator with a report on Forms F55 and F55a. Records of all inspections should always be kept

- The Health and Safety Administrator shall ensure that the requisite Insurance Certificate is filed and available for inspection.

Note 1) **It is important to recognise that inspection for safety reasons is not equivalent to servicing and performance testing. These should be carried out exactly according to the manufacturer's instructions.**

Note 2) **In view of the fact that the Creutzfeld-Jacob prion may survive heat sterilization, it is now necessary for every instrument (other than disposables) to be engraved or otherwise identified, and for a log for that instrument to be made and kept indefinitely. The log shall include the date of each sterilization, whether the desired sterilisation temperature was indicated, and the names and other identifying data of each patient on whom the instrument was used, with dates.**

14.17 Practice Waste

14.17.1 Purpose

To ensure that the Practice operates within the legal framework governing the production, handling, storing, internal transportation and disposal of Practice waste.

To ensure that control measures are adequate to prevent or control exposure of employees, patients, contractors, visitors and other members of the public to hazardous Practice waste.

14.17.2 Procedures

1 A senior member of the Practice will be designated the **Practice Waste Control Officer** (CWCO) whose function it will be to ensure safe Practice waste management procedures. This will normally be the senior practice nurse.

2 The CWCO shall:

i) identify all categories of Practice waste normally produced within the Practice,

ii) establish a means of segregation, and

iii) ensure the correct specification of containers/enclosures be used.

3 By means of training and information-giving, Practice staff will be fully conversant with the five main categories of Practice waste (Groups A-E) and of their appropriate and respective safe disposal (see Practice Waste Management).

4 Each treatment area will have the required colour coded containers/bags to ensure segregated safe disposal (see Practice Waste Management).

1 All containers/bags ready for disposal will be clearly labelled and identified as to the origin of the waste.

2 Internal transportation will be in the form of a dedicated system (dedicated trolley or wheeled container used solely for this purpose) to the storage area.

3 The CWCO shall ensure that:

i) Practice waste is not stored in a manner which may endanger health;

ii) storage areas are secure and sited away from general storage areas and from routes used by the public. They should be well lit, well ventilated and clearly labelled;

iii) collectors, drivers and other handlers are aware of and trained in the nature and risks of the waste being carried;

iv) operatives and staff are familiar with the procedures to be taken in the event of spillage or accidents and that written instructions, safety equipment and protective clothing are provided. This should include eye protection, aprons, overshoes and tongs.

v) ensure that the carrier is a registered carrier and that final disposal complies with the regulations regarding the Duty of Care imposed by Section 34 of the Environment Protection Act 1990.

vi) copies are on file of the carrier's license to transport the Practice waste and of the disposal site's license to receive it, or a letter from the carrier declaring that such licenses exist and are current.

14.17.3 Practice Waste Management

1 The Practice must have in place correct procedures for collection, storage and disposal of body fluids and wastes. These procedures should reflect the following points.

Practice waste is divided into five categories:

i) Group A

- All human tissues including blood (whether infected or not).
- Waste materials where the assessment indicates a risk to staff handling them, for example from infectious disease cases, soiled surgical dressings, swabs and other solid wastes.

ii) Group B

- Microbiological cultures, cartridges, broken glass and any other contaminated disposable sharps or items.

iii) Group C

- Microbiological cultures and waste from pathology departments and research laboratories.

iv) Group D

- Certain pharmaceutical products and chemical wastes (including out-of-date pharmaceuticals).

v) Group E

- Items used to dispose of urine, faeces and other bodily secretions or excretions assessed as not falling into Group A. This includes used disposable bedpans, bedpan liners, incontinence pads, stoma bags and urine containers.

2 All groups at some time or other will be relevant to most general practices. Group E contains items which will usually present a low level of risk. However, as the actual risk cannot be readily demonstrated, items within this group should be treated as Practice waste. While the risk maybe low, the waste from this group will often be of an offensive nature. It is, therefore, advisable that adequate procedures are put into effect for proper handling and disposal.

3 It is essential that Practice waste is not disposed of with ordinary household waste i.e. the black sacks. Practice waste must be segregated and stored properly.

Practice waste must never be disposed of down communal waste chutes or stores in household waste bins.

4 Colour coded disposable plastic sacks maybe used for Groups A and E. The sacks should only be filled to three-quarters full and then sealed off by tying at the neck.

5 Broken glass, syringes and needles should be stored in a '**sharps box**'. Needles should not be disposed of as domestic waste.

6 The Practice must enter into an agreement with a competent and appropriately licensed body/company which will regularly collect the Practice waste and dispose of it correctly.

7 Prior to collection the Practice waste should be stored in an area which is:

(a) reserved for Practice waste only.

(b) secure, totally enclosed and sited on a well-drained impervious hard-standing surface

(c) easily accessible to authorised persons

(d) kept secure from entry by animals, rodents and insects

(e) sited away from foot areas and routes used by the public

(f) well ventilated and lit.

Separate storage for sharps containers with a higher degree of security maybe required particularly if collection frequencies are likely to be greater than weekly.

8 All staff who maybe required to handle or move Practice waste should be adequately trained in safe procedures and in dealing with spillages or other incidents.

14.18 Cross-Infection, AIDS, HIV

14.18.1 Purpose

1 To ensure that basic infection control guidelines are made easily available to and understood by all staff.

2 To ensure that all relevant and current information concerning controls with regard to AIDS and HIV are available and accessible to staff. The booklet “HIV in Primary Care” is recommended. It is obtainable from www.medfash.org.uk

3 To ensure that these are reviewed and updated on a regular basis.

14.18.2 Procedures

1 A risk assessment will establish high, intermediate and low risk items and the appropriate handling procedures.

2 Dr N Vajpeyi shall ensure that cross-infection guidelines are produced that include effective hand hygiene, sterilisation of instruments, before/during/after patient treatment procedures, correct use of protective clothing and gloves, decontamination of equipment, safe handling and disposal of sharps, inoculation accident policy, disposal of Practice waste, care and management of patients with specific infections e.g. HIV and Hepatitis B, treatment of spillages of blood and body fluids and safe handling of specimens.

3 All Practice staff will receive the relevant training/updating concerning the management of cross-infection and AIDS and HIV infection.

4 The Health and Safety Administrator will ensure that the relevant employees understand and comply with the Practice’s stated procedures in these areas and make use of the appropriate control measures when and as required.

5 The Senior Practice Nurse will ensure that PPE (including, where appropriate, gloves, masks, eye protection, aprons and overshoes) is available and is used when necessary.

14.19 Spillages: Blood, Body Fluids and Sharps

14.19 1 Purpose

The Practice recognises that its staff maybe put at risk through exposure to contaminated blood, body fluids or sharps. It has introduced control systems to reduce risk as far as is reasonably practicable.

14.19.2 Procedures

1 Reception will have a supply of Spillage Kits readily available.

2 Each member of staff will receive instruction on the use of the kits, and on the procedures to be adopted following discovery of sharps.

A Spillage Kits

If you find spillages of blood or other body fluids follow the under noted procedures:

Spillage kits are kept assembled and readily available; contents include:

- disposable plastic gloves
- disposable gloves and aprons or rubber household gloves
- paper tissues
- disinfectant (domestic bleach can be used neat) - Presept is in your kit
- tongs and small shovels
- receptacle such as bucket (or basin) with cover
- warning sign or notice indicating ‘spillage area’
- small dishwashing mops can be useful also

B Action

If you obey a few simple rules when cleaning up any spillages of blood or body fluids you will ensure prevention of infection.

1 Always wear protective clothing (e.g. disposable gloves and plastic apron or rubber household gloves). Do not allow blood or body fluids to come into contact with cuts or abrasions on the skin: apply waterproof sticking plaster to your own cuts before putting on gloves.

2 (a) Put on protective clothing (e.g. gloves and apron)

(b) If using Presept cover spillage completely with powder. Ensure any broken glass is well covered with powder. As an alternative, paper towels wetted with bleach or a water based disinfectant such as Detol antibacterial surface cleaner should be used, especially in confined space or where the smell of chlorine would be a problem.

(c) Allow to soak for 10-15 minutes.

(d) Remove soaked powder (and broken glass if present) with tongs and shovel; place in a plastic bucket.

(e) Repeat if necessary

(f) Clean and allow area to dry before using again. Dispose of materials in bucket by flushing down lavatory (except if it contains broken glass).

(g) Re-usable items – tongs, shovel, bucket, mop, etc – should be washed in disinfectant followed by hot soapy water and allowed to dry.

(h) Wash hands and face thoroughly afterwards.

(i) If there is broken glass, remove with tongs into a puncture-proof contained and dispose of as normal broken glass.

(j) If surface to be treated is carpet or clothing, do not use bleaching agent. A suitable alternative is Virkon available in powder form and used in the same way as Presept.

(k) Remember to record in the log, for the Practice Manager's information, that you have used a spillage kit.

DO NOT WIPE UP SPILLAGE WITHOUT USING A KIT

C Syringes and Needles

Make sure that all syringes or needles are disposed of properly and safely (see

Where blood is found near a syringe or needle, use Presept (from the spillage kit) and again report it to the Practice Manager.

14.20 Display Screen Equipment (DSE)

14.20.1 Purpose

1 To ensure compliance with recent legislation.

2 To ensure that none of the staff designated as “users” of DSE will knowingly be subjected to possible hazards associated with such equipment.

14.20.2 Procedures

1 All work stations will be examined to assess the risks to the Health and Safety of every user. The intention is to reduce the risks to the lowest possible level.

2 A “user” is considered to be anyone who uses DSE continually for periods in excess of one hour at a time on a daily basis.

3 To help achieve policy on DSE each work station will be examined, adopting an ergonomic approach to office furniture, office equipment and the immediate work environment relating to the operator. (A set of self-assessment forms to assist this is included Appendix 36)

4 Users will have their work routines set up such that changes in work activity will reduce the time periods spent operating the DSE.

5 A way of achieving this would be to work at DSE equipment for approximately 50 minutes in any one hour period then to carry out some other work for the remaining period. This would be repeated every hour.

6 Note that the breaks away from DSE cannot be accumulated to give lower breaks and a break in this context does not mean the operator does no work at all during this period aware from DSE.

7 Although there is no evidence linking work involving DSE with eye damage or deterioration of eyesight, employees who are users are entitled, but not obliged, to undergo eye tests.

8 These eye tests will be repeated at regular intervals on the advice of the optician who has been asked to give employees the eyesight test for DSE users.

9 The eyesight test is specifically designed for DSE users and should not be confused with the normal eyesight test.

10 When spectacles are prescribed specifically for work with DSE the Practice will provide them at the basic cost of suitable lenses and frames. This will not include ‘designer frames’, the extra cost of which will be funded by the employee.

11 Office lighting will be maintained at the highest possible standard and glare or reflections on screens will be eliminated, if possible, either by changing the work station arrangement or the provision of glare inhibitor screens.

12 Users will be advised as to why it is necessary to make such changes and of their responsibilities in properly using the DSE supplied.

13 Each work station will require to be set to suit individual needs, requiring the co-operation of the users.

14.21 Drugs and Prescription Management

14.21.1 Procedures

1 All drugs contained within and outside the Practice will be appropriately secured. If controlled drugs are kept, the PCT pharmaceutical adviser should be informed.

2 All controlled drugs will be kept securely locked in a cabinet screwed into the wall and access will be controlled by a nominated person. Entry, running totals and exits should be meticulously recorded in a Controlled Drug Register.

3 Patients wishing to return unwanted or unused drugs will be encouraged to take them to a pharmacy. However, if drugs are returned to the Practice, the drugs should be secured prior to disposal.

4 Used, unwanted or returned drugs will be collected by or delivered to a local pharmacist for disposal on a regular basis (see Section 15: Clinical Waste).

5 All unused prescription pads, with special attention being paid to pre-stamped prescription pads, will be kept secured in a locked drawer or cabinet. Access will be controlled by a nominated person. Records of arrival of prescription pads will be kept.

6 Pre-printed 'fanfold' prescription papers, together with uncollected repeat prescriptions, will be secured at the end of each day.

7 In respect of both drugs management and prescription management, the Health and Safety Administrator will ensure that, in the absence of the nominated person, another person is deputised and staff are informed of the arrangement.

8 Vaccines must be kept in a special lockable refrigerator equipped with a minimum and maximum thermometer. Min and max temperatures must be read weekly and the readings recorded in a book kept for the purpose. The times of onset and ending of power cuts should be recorded. The door of the fridge should be opened only briefly.

The person nominated for drug security is:

_**Rozina Hassan-Kabani**_____

Acknowledged by:

___Dr N Vajpeyi_____

Date:

_____2/12/08_____

The person nominated for prescription security is:

___Bibi Kauroo_____

Acknowledged by:

____Dr N Vajpeyi_____

Date:

____2/12/08_____

14.22 Health & Safety and Cross-Infection Committee

14.22.1 Purpose

The Health & Safety and Cross-Infection Committee is part of the consultative process which exists within the Practice to assist in the process of accident prevention and improvement of safety standards.

14.22.2 Membership

The Safety and Infection Committee will normally have a complement of about five members, depending on the size of the Practice, and be chaired by a senior member of staff, the latter to show Dr N Vajpeyi's commitment to safety.

14.22.3 Safety & Infection Committee Members

1 Partner: Responsible individual

2 Designated Safety Manager: Registered Manager

3 Health and Safety Administrator: Registered Manager

4 Staff Member: Dr. N Soobadoo

5 Staff Member: Bibi Kauroo

14.22.4 Objective and Functions

1 This will be laid down in the Health and Safety Commission Booklet – Safety Representatives and Safety Committees ISBN 0 11 883954 4.

2 A copy of this booklet is issued to each member of the committee.

14.22.5 Frequency of Meetings

1 Initially it is suggested that meetings are held once per month. After the implementation of the Health and Safety Management System the frequency can be made less, subject to local agreement, the interval

being not more than 6 months. Meetings should be linked to the 6 monthly formal Safety Inspections.

2 The date and time of meetings, for a twelve-month period, will be drawn up in a schedule and publicised.

3 Members not able to attend will ask a deputy to attend on their behalf.

4 Extraordinary meetings can be called outside of the schedule

5 Minutes shall be kept, and a summary of the actions of the committee shall form part of the annual Health & Safety report to Dr N Vajpeyi.

14.23 First Aid

First aid is normally given by a doctor or practice nurse in the treatment room, which is well supplied with equipment. However in case there are no nurses or doctors on the premises, and to comply with HSE regulations, a first aid kit is available at reception. It is planned that at least one and preferably two staff members will attend an FAW course.

All incidents requiring first aid treatment will be recorded in the Accident and First Aid book by the first aider (see Section 13).

14.24 Ladders and Stepladders

14.24.1 Procedures

1 Ladders used by Practice personnel will be of sound construction with no missing steps or rungs and will remain unpainted so that cracks and other faults can be easily recognised.

2 Defective ladders will be reported to the Practice Manager as soon as possible.

3 Ladders in use must be positioned at the correct angle (4 up for 1 out) on a firm base and be tied at the top for support. The ladder will be supported by a second person until tied.

4 Alternatively, if the ladder cannot be tied a second person will act to 'foot' the bottom of the ladder and act as a look-out.

5 Not more than one person at a time will be allowed on a ladder and, if the ladder is the actual work platform, then the ladder should extend at least 1.5m above the highest rung on which the employee has to stand.

6 Similarly, when using stepladders the user will not use the top step as a platform.

7 Employees must not overreach when using either a ladder or stepladder.

14.25 Manual Handling and Lifting

14.25.1 Procedures

1 Employees are reminded that lifting, pushing or pulling even light loads incorrectly can put severe strain on the back muscles.

2 Employees are encouraged to employ correct handling methods using the strong leg muscles where possible and not just the arms.

3 A load which is large, though perhaps light in weight, should not be carried by one person if it obscures their vision.

4 Employees who regularly lift loads should wear protective footwear and, if the load is metallic with possible sharp or jagged edges, gloves.

5 No untrained person will be allowed to direct a lifting operation involving hoists, pulleys or cranes.

6 See Appendix 35 -the Good Handling technique charts.

7 It is important to get help when lifting a patient.

14.26 Play Area

14.26.1 Procedures

1 A poster will be visibly displayed warning parents/carers about the need for adequate supervision.

2 The Health and Safety Administrator or the Senior Practice Nurse will make a regular check of all equipment for deterioration and potential hazards.

3 After an infectious child has played with a toy, it will be removed and washed or sprayed with antiseptic, and kept overnight to dry, before being returned to the play area.

Doctors & nurses should liaise with receptionists on this subject on a regular basis.

14.27 Risk Assessments

14.27.1 Procedures

The risk assessment procedure has been sub-divided into distinct progress sections.

Stage 1 Tasks which employees conduct within the Practice will be given a reference number and will be considered on the basis of whether a known potential hazard exists or not. Generic tasks eg giving injections will only require one risk assessment to be done.

Stage 2 A job safety analysis will then be conducted for each task determined at Stage 1 to have known hazard(s).

Stage 3 Using the job safety analysis, the hazards, the potential harm and an estimation of risk are noted and a risk factor figure recorded for each task.

Stage 4 Actions should be taken, where possible, to reduce risks, giving the highest risks the first priority.

Note 1: If the task changes, an update risk assessment must be carried out.

Note 2: It will be necessary to audit the system, say once per year, to ensure this updating is accomplished.

14.27.2 Responsibilities

1 The Health and Safety Administrator will be responsible for ensuring the risk assessments are carried out. However, the assessment itself should be carried out by a person familiar with the task.

2 The Designated Safety Manager will assist and advise on any stage of the procedure.

3 The Health and Safety Administrator will be responsible for filing the completed assessments and arranging training needs where identified.

Timescale

1 To achieve all stages of the programme will take some time.

2 The target must be to complete the assessment in as short a time as possible, allowing for the priorities of the Practice.

3 Stages 3 and 4 above will enable the prioritisation of all risks in the Practice. A risk control programme should be introduced which methodically addresses risks, enabling them to be controlled over a defined time period.

4 Risk assessments will identify if a defect or failure incident needs reporting to HSIC via the link: http://efm.hscic.gov.uk/

14.28 Smoking

No smoking of any kind or substance including the use of e-cigarettes is permitted in any part of the building or anywhere within the boundaries of the site.

14.29 Stress

14.29.1 Purpose

1 To help prepare staff to understand stress, to identify it and to help them develop appropriate coping mechanisms.

2 To have in place suitable back-up/support procedures that might assist staff in dealing with stressful situations.

14.29.2 Procedures

1 A system/culture of supervision, teamwork and staff meetings will be developed which aims to support and protect staff.

2 Training and other opportunities will be provided to assist staff in identifying and helping prepare them towards coping with stressful situations. This will include training in dealing with aggression and violence, assertiveness and time management.

3 Staff will be provided with additional relevant written information/contacts that might assist in coping with stress. It will be desirable to inform staff members of the phone number of a confidential counselling service.

4 Dr N Vajpeyi will be made aware by the Health and Safety Administrator of any member of staff who appears to be having difficulty coping with everyday work and also of any work processes that appear to be putting undue stress on staff.

5 Effective arrangements will be in place in the event of a crisis, including consistent and supportive follow-up. A therapeutic debriefing, which does not allocate blame or fault, should be conducted on an individual or group basis by a senior person after traumatic incidents.

6 At every annual staff appraisal, these questions shall be asked;

- Do you feel able to ask for advice and help?
- Do you feel that you have been included in discussions about changes to your work or your workload?
- Are you being bullied or harassed?

The answers and any agreed actions should be recorded.

14.30 Substance Abuse and Misuse

It should be noted that abuse of drugs or alcohol on company premises or working while under the influence of alcohol or drugs will result in summary dismissal without prior warning. It may also result in referral to the GMC or the GNC.

Exceptions to this rule require the approval from Dr N Vajpeyi.

Dr N Vajpeyi has a duty to the employee to treat him or her with care, consideration and confidentiality, ensuring that the employee is able to access all necessary medical care and counselling. However, when there is a conflict, their duty to patients must override their duty to an employee.

!4.31 Occupational Health Services:

14.31.1 Introduction

The clinic's registered manager is responsible for the clinic's occupational Health Services. Basic Occupational Health Services are an application of the primary health care principles in the sector of occupational health. Primary health care definition can be found in the World Health Organisation Alma Ata declaration from the year 1978 as the "essential health care based on practical scientifically sound and socially accepted methods, (…) it is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work (…)".

A joint effort was launched by the World Health Organisation (WHO), the International Labour Organisation (ILO), and the International Commission on Occupational Health (ICOH) to develop Basic Occupational Health Services, since occupational health services are available to only 10-15% of workers worldwide. Even where services are available, their quality and relevance may be low. Basic Occupational Health Services are most needed for countries and sectors that do not have services at all or which are seriously underserved.

Objectives

To provide occupational health services for all personnel working in the clinic

14.31.2 Surveillance of work environment and risk assessment

The surveillance of the work environment is one of the key activities of Basic Occupational Health Services. It is carried out for the identification of hazardous exposures and other conditions of work, identification of exposed workers and assessment of the levels of exposures for various groups of workers. Surveillance surveys must include the assessment of:

- Ergonomic factors which might affect worker's health
- Conditions of occupational hygiene and factors such as physical, chemical, biological exposures which may generate risks to the health of workers
- Exposure of workers to adverse psychological factors and aspects of work organization
- Risk of occupational accidents and major hazards
- Collective and personal protective equipment

- Control systems designed to eliminate, prevent or reduce exposure

Information from surveillance of the work environment is combined with information from health surveillance, and other relevant available data are used for risk assessment. It includes:

- Identification of occupational health hazards
- Identification of workers or groups of workers exposed to specific hazards
- Analysis of how the hazard may affect the worker
- Identification of individuals and groups with special vulnerabilities
- Evaluation of available hazard prevention and control measures
- Making conclusions and recommendations for the management and control of risks
- Documenting the findings of the assessment
- Periodic review and, if necessary, reassessment of risks

The results of risk assessment must be documented

14.31.3 Health surveillance and health examinations

The surveillance of worker's health is made through various types of health examinations. The main purpose of health examinations is to assess the suitability of a worker to carry out certain jobs, to assess any health impairment which may be related to the exposure to harmful agents inherent in the work process and to identify cases of occupational diseases which may have resulted from exposures at work. The following types of health examinations are carried out either on the basis of regulations or as a part of good occupational health practice:

- Pre-assignment (pre-employment) health examinations
- Periodic health examinations
- Return to work health examinations
- General health examinations
- Health examinations at termination or after ending of service

14.31.4 Advice on preventive and control measures

Occupational health services should propose appropriate prevention and control measures for the elimination of hazardous exposures and for protecting workers' health. Control measures should be adequate to prevent unnecessary exposure

during normal operating conditions, as well as during possible accidents and emergencies. Guidelines for preventive actions for management and control of health and safety hazards and risks:

- Control of hazards at the source
- Ventilation or control technology
- Dust control
- Ergonomic measures
- Use of personal protective equipment
- Regulation of thermal conditions
-

14.31.5 Health education and health promotion , and promotion or work ability

Information on identified workplace health hazards and risks must be communicated to the clinic's Registered Manager who is responsible for implementing prevention and control measures. To ensure proper understanding and use of information the employer is responsible for education of his or her workers on risks and hazards at work and on their avoidance, prevention and protection, as well as on safe working practices. Such information and education tasks can be delegated to occupational health experts. The information and education include the following aspects:

- The workers have a right to know and get continuously information and training on hazards related to their own work and the workplace.
- Confidential health information of an individual worker is subject to special legislation and practices and to informed consent.
-

14.31.6 Maintaining preparedness for first aid and participation in emergency preparedness

The Basic Occupational Health Services personnel need to be able to provide first aid and train the workplace personnel in first aid activities. The role of Basic Occupational Health Services in first aid and emergency preparedness:

- Providing first aid services at the workplace when appropriate
- Introducing and training first aid practices to workers and supervisors
- Maintaining and periodically inspecting the first aid readiness and facilities

- Participating from the health point of view in emergency planning and organising the health elements in emergency response

14.31.7 Diagnosis of occupational diseases

Many occupational diseases can be diagnosed in the Basic Occupational Health Services service but many of them need to be referred to specialized occupational medicine clinics. In both instances, the diagnostics follows a special scheme:

- Identification of exposure which may cause the disease
- Examination of clinical findings which are known to be associated with the specific exposure
- Exclusion of non-occupational factors as a possible cause of disease
- Statement on occupational disease for worker's compensation
- Proposals for preventive actions to the workplace of the worker in concern
- Notification of occupational diseases to authorities

14.31.8 Record Keeping

As a health service Basic Occupational Health Services have a general obligation to keep record on health services provided to the workers. The record-keeping obligations are:

- General health record if the workers are treated as patients or health service clients
- Data on surveyed, detected and measured occupational exposures and risk assessments which have been made
- Statistics on occupational diseases and injuries
- Data on health examinations
- Documents on proposals for preventive and control measures

There is no trade-off between health and productivity at work. A virtuous circle can be established: improved conditions of work will lead to a healthier work force, which will lead to improved productivity, and hence to the opportunity to create a still healthier, more productive workplace. The idea of providing basic occupational health services deserved special attention, as it would provide countries with a practical tool for identifying priorities and pooling scarce resources to develop an integrative and effective occupational health system and services, tailored according to the national conditions and needs of each country.

14.32 C.O.S.H.H

14.32.1 DEFINITION

A Hazardous Substance is any natural or artificial substance whether in solid, liquid or
Gaseous form (including microorganisms) that has the potential to harm the health of an individual.

14.32.2 OBJECTIVES

The primary objective of COSHH Regulations is to control the identification, provision and safe use of all hazardous substances by ensuring that:

The provision of appropriate instruction and training in hazard recognition and in handling procedures for all staff.
All substances used in the provision of the service are of the lowest risk available.
The processes on which they are used, or from which they are produced, follow the safest possible procedures.
The safest possible working conditions and procedures are provided and followed.
All hazardous substances are properly assessed and accurate records of assessment maintained.
To contain the spread of biological agents through control of infection / cross Infection procedures as well as effective treatment and isolation nursing.
To comply with current legislation.

14.32.3 INTRODUCTION

There are a wide range of chemicals and other substances capable of damaging the health of people at work. Substances hazardous to health as defined by the Control of Substances Hazardous to Health Regulations (COSHH) 2002, cover virtually all materials capable of causing ill health in a work situation including:
Substances defined as very toxic, toxic, harmful, corrosive or irritant under the Chemicals
Substances allocated a Workplace Exposure Limit (WEL),
Biological agents that are hazardous to health,
Substantial concentrations of dust.

The Control of Substances Hazardous to Health Regulations (COSHH) 2002 lay down the essential requirements and a step-by-step approach for the control of hazardous substances and for protecting people exposed to them whether employed or not.
The Regulations apply to all substances hazardous to health with the exception of:

Biological agents that are outside the employers control e.g. catching an infection from a work colleague.

14.32.4 POLICY STATEMENT

Brigstock Family Practice accepts its responsibility in accordance with the Health and Safety at Work Act (1974) and subordinate legislation to ensure that systems of work involving substances hazardous to health are safe, as far as is reasonably practicable, for staff, patients and public.

The Clinic acknowledges that there is potential for injury to employees from substances and processes used whilst carrying out their work. The Clinic is committed to removing/reducing such risks as far as is reasonably practicable by the provision of training, information, instruction and supervision of staff, specific substance assessment and elimination or substitution of hazardous substances with less hazardous alternatives.

Where this is not possible, the Clinic will undertake to control exposure hazardous substances to within statutory limits by engineering means where reasonably practicable.

The aim of this policy is to provide advice, guidance and information on statutory requirements; best Clinic and supports the implementation of the Clinic health and safety policy.

Under the health and Safety at Work Act (1974), it is the responsibility of all employees to follow the Clinic policies and procedures. All employees have a duty to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work and to co-operate with their employer.

Where necessary, safety and personal protective equipment will be provided for the
benefit of employees and it shall be the responsibility of each employee to ensure
the maintenance and safe working condition of all such equipment.

All employees are required to follow the procedures for the reporting of accidents and dangerous occurrences immediately in accordance with the accidents/Incident reporting Policy, reporting any areas of concern.
It is the responsibilities of all managers who commission, support and manage independent contractors ensure that:

This policy is brought to the attention of all independent contractors, where any activity on the Clinic premises undertaking service, maintenance and planned work activities.

That independent contractor is aware of their legal responsibilities regarding COSHH.

That the independent contractors make suitable provision for protection against unauthorised intrusion to all work areas involving hazardous substances, processes or activities, and to ensure adequate provision for the protection of all other persons in the close vicinity of such work areas.

Doctors, Nurses and Clinicians are responsible for ensuring that the requirement of this policy is implemented within all clinical areas.

Shared workplaces/presence of visitors/guests or members of the public. Managers should bring this policy and local arrangements to the attention of staff and to new staff during their local induction into the workplace.

Ensure that suitable COSHH training is included in the Training Log Sheets ensuring that employees is provided with the appropriate level of training relevant to their work role and environment.

14.32.5 ASSESSMENT

A COSHH register of all hazardous substances used in the workplace should be developed and maintained. A copy of this register can be found in Appendix 125. Safety data sheets must be obtained from the manufacturers or suppliers for all hazardous substances and attached to the relevant completed substance assessment form.
The basic principles of occupational hygiene underpin the COSHH Regulations. They are:

- Assess the risk to health arising from work and decide what precautions are required.
- Introduce appropriate control measures to prevent or control the risk.
- Ensure that control measures are used, that equipment are properly maintained
- The Employer will take all precautions to reduce the risk to employees by Informing, instructing and training.
- Where necessary, monitor the exposure of the workers and carry out an appropriate form of surveillance of their health.

RECORDS

Brigstock Family Practice to ensure that suitable and sufficient records are maintained such that information is available as detailed within the policy.

Comprehensive log records are maintained of all substances, procedures and assessments as required by the Regulations.

Record all occurrences of all incidents and accidents affecting and involving staff is maintained and monitored.

Records of both theoretical and practical training given to staff are recorded.

14.32.6 TRAINING

All staff will receive appropriate training on the requirements of COSHH. This will include:

An appreciation of the COSHH Regulations (1999) As Amended
An understanding of the purpose and goals of the Regulations.
Knowledge of which substances are covered by the Regulations and which substances are not covered.
An understanding of their role and responsibilities under COSHH.
Familiarity with hazard warning symbols and package labelling.
Understanding of safe working procedures and processes.
Understanding of safe storage, handling, use and disposal of newly introduced hazardous substances.

14.32.7 REVIEW

This policy will be reviewed every 2 years or at a change in legislation or plant /equipment whichever is the sooner.

14.32.8 8 Steps to comply with COSHH

To comply with COSHH the following eight steps should be followed:

Step 1: Assess the risks
Assess the risks to health from hazardous substances used in or created by your -workplace activities

Step 2: Decide what precautions are needed
You must not carry out work, which could expose your employees to hazardous - substances without first considering the risks and the necessary precautions

Step 3: Prevent or adequately control exposure
You must prevent your employees being exposed to hazardous substances. Where preventing exposure is not reasonably practicable, then you must adequately control it.

Step 4: Ensure that control measures are used and maintained

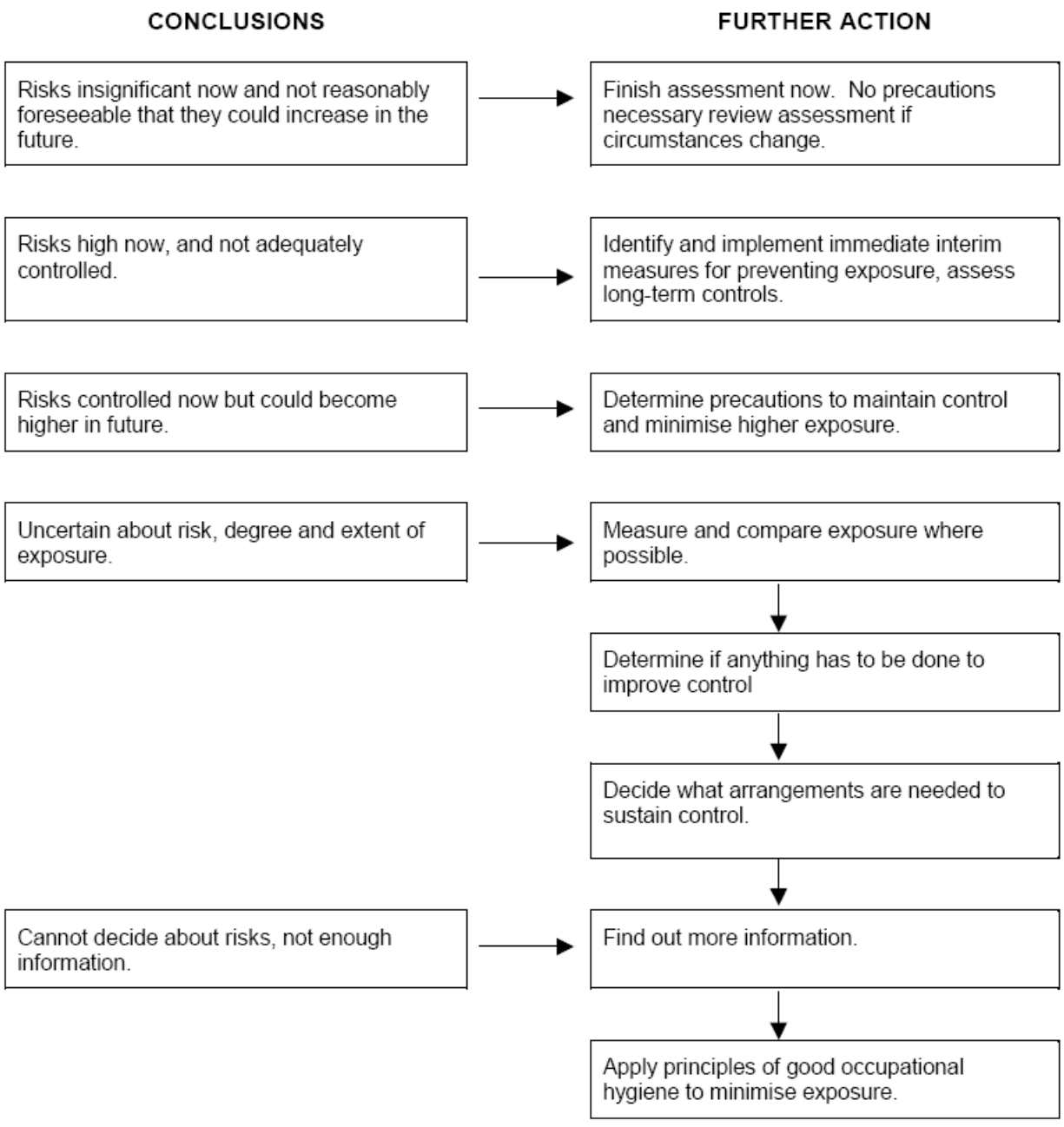
Ensure that control measures are used and maintained properly, ensuring that safety procedures are followed.

Step 5: Monitor the exposure
Monitor the exposure of employees to hazardous substances, if necessary.

Step 6: Carry out appropriate health Surveillance
Carry out appropriate health surveillance where your assessment has shown this is necessary or where COSHH sets out specific requirements.

Step 7: Prepare plans and procedures to deal with accidents, incidents and emergencies
Prepare plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances, where necessary.
Step 8: Ensure employees are properly informed, trained and supervised
Provide employees with suitable and sufficient information, instruction and training.

COSHH ASSESSMENT



COSHH ASSESSMENT FORM

CLINICAL SERVICE:			
LOCATION		DATE	
PRODUCT		PROCESS:	
ASSESSOR:		SIGNATURE	

GENERAL INFORMATION	YES	NO
Can the product or processes be eliminated or replaced?		
Can a less hazardous substance substitute any substance? If YES state which		
Is there a copy of the Safety Data Sheet held?		
Are personnel provided with instruction, training etc?		
Can exposure occur in normal use?		
If YES, what is its nature? Please tick the appropriate box. Inhalation ☐ Contact ☐ Ingestion ☐ Eyes ☐ Other (Please specify) ☐		

USE/EXPOSURE	LOW		MEDIUM		HIGH	
LOCATION:	ISOLATED		RESTRICTED		WIDESPREAD	
USERS:	SINGLE		RESTRICTED		UNLIMITED	

RISK ASSESSMENT	
Insignificant risks - unlikely to change	
Medium risk - unsatisfactorily managed- require remedial measures	
High risk - unsatisfactorily managed – Remedial measures ASAP.	

FURTHER CONTROL MEASURES

	Actual Controls in Place	Additional Controls Required
Ventilation:		
Respiratory Protection		
Personal Protection		
Other Control Measures		

FIRST AID
Comments/Further Control measures
FIRE FIGHTING
Comments/Further measures Control
ACCIDENTAL RELEASE
Comments/Further Control measures
HANDLING AND STORAGE
Comments/Further Control measures
STABILITY OR REACTIVITY OF THE SUBSTANCES
Comments/Further measures Control
TOXICITY
Comments/Further measures Control
DISPOSAL CONSIDERATIONS – (effect of the substance on the environment)
Comments/Further measures Control